

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/019308

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		0		2		
5		0		2		
6		0		2		
7		0		2		
8		0		2		
9		0		2		
10		0		2		
11		0		2		
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49						
50						
TOTAL IND.	1		1			
TOTAL DEP.		17		31		
TOTAL CLAIMS	1	17	1	32		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS